Statement for the Record
House Veterans' Affairs Committee
On behalf of
Nurses Organization of Veterans Affairs (NOVA)

With Respect to

Beyond Go-Live: VA Electronic Health Record Modernization Status Update

Washington D.C. September 2, 2026

Chairman Bost, Ranking Member Takano, and Members of the Committee, thank you for inviting the Nurses Organization of Veterans Affairs (NOVA) to submit a statement for the record on today's discussion – *"Beyond Go-Live: VA Electronic Health Record Modernization Status Update."*

NOVA is a professional organization representing nurses employed by the Department of Veterans Affairs (VA). The information provided here reflects input from our members who strive to advocate for a robust VA healthcare system, uniquely tailored to address both the service and complex needs of our nation's Veterans.

The information below was gathered from NOVA members who have experienced the go-live process and highlights several key areas of concern.

Education:

Training by Oracle Cerner Staff is lengthy, inefficient, and of limited benefit and value per the reports of many staff across multiple disciplines (referred to as roles in Cerner) and multiple locations. The initial training are independent, scheduled modules that are over 10 hours for most disciplines (i.e., roles), and the format is not user friendly. A high percentage of staff reported not feeling confident or successful in basic understanding after the module completion portion of the training. The scheduled training (provided by Oracle Cerner trainers) is a minimum of 6 hours for all disciplines. It is only offered virtually. Requests were made for in-person training at some locations, but this was not made available. It has taken up to an hour in some circumstances to even begin the training sessions because of staff not being able to access the training domains or grasp how to log in. This would not happen in a live environment. Training

sessions were not always able to be completed in the allotted time due to these problems. Training is only done by Cerner staff, and this results in a significant gap in comprehension of how to use the system and truly provide patient care when it goes live.

The process of new hires being trained in Cerner is also lengthy. The new staff are required to complete the same virtual, scheduled modules and then the virtual, live training with Cerner staff. There are not enough classes available, and this is delaying new staff from being able to begin to provide patient care by 2-4 weeks. New hires in the current Computerized Patient Record System (CPRS**)** can begin documenting within a day.

National EHRM Supplemental Staffing Unit (NESSU) is providing virtual live training sessions to supplement all Oracle Cerner training. These are shorter modules and broken down by specific topics that have more real-world effect. VA clinicians are the educators, and these modules are all voluntary. Staff report that NESSU training is significantly more helpful than all training received through the required Oracle Cerner modules.

Workflow Challenges:

Significant workflow process changes occur in multiple areas within Cerner; scheduling/checking patients in and out for appointments and referral management.

Scheduling issues: The AMSAs (schedulers) received information on the change in processes for checking patients in and out for appointments but clinicians did not receive the same education. The lack of shared education and changes for processes has resulted in significant confusion and frustration while clinicians are attempting to provide patient care and schedulers have many more steps to complete their process than they did in CPRS. Telehealth appointments pose significantly more challenges than in person visits. If the process is not completed correctly by either the AMSAs or clinicians; the clinicians are unable to enter encounter data (called "dropping charges" in Cerner) and, again, results in time wasted and significant frustration.

Referral management: The workflow for referrals is entirely different and while there is a single virtual training module it is only to place a referral. There is no training for how to complete and respond to referrals. Further, clinicians must create pathways to receive referrals correctly. Michigan went live and this was a major "lessons learned" shared with Ohio. There were about 4 weeks to learn and plan how to manage referrals from the "lesson learned" in Michigan. Ohio's process was improved over Michigan but only minimally.

National education and policy by VA clinicians is needed to ensure all departments and clinicians have a clear understanding of Cerner pathways and workflow changes that exist in Cerner.

NOVA members have reported that there is a lack of national policy or clear guidelines for referral management, chart note titles, minimum charting requirements, and the workflows among disciplines.

Staffing:

Both VHA and Oracle/Cerner need to retain staff and avoid switching staff around to maintain the institutional knowledge that is beneficial for deployment success. Staff are reporting significant burn-out at multiple locations that have Cerner live and there is a risk of losing professional staff and the institutional knowledge that is necessary to ensure Cerner's success.

Going-live sites should follow staffing recommendations closely: tasks that require licensed staff should be completed by licensed staff, and all team members should work within their scope of practice. Reliable reports are also needed to monitor compliance and identify issues.
Before the go lives, staff should and need to be educated on the progression of workflow and how this will impact everyone else during the workflow.
Workflow in Cerner is entirely different than entering notes in CPRS. All training is done virtually and only with staff that are the same discipline as each other. This results in blurred lines in what other staff can document in Cerner; for example, a nurse cannot see the same workflows as a psychiatrist which results in confusion during the initial go live as staff are attempting to help one another.

Messaging Pools: Messaging Pools replaces "secure messaging" on my health-e Vet. There are hundreds of messaging pools for primary care and all the specialty clinics. Veterans had to be patients within a clinic to send a message to that clinic in CPRS. Veterans have access to all message pool names; therefore, they do not have to be seen in specific clinics to send messages. This is resulting in hundreds of messages being sent to incorrect clinics each day. It is slowing down clinician workflow and delaying responses to Veterans' health questions and concerns.

Reduced Access to Care: Training demands, reduced clinic hours, lack of supplemental staffing, and unreliable training environments are increasing wait times for Veterans.

A crucial factor impacting wait times and access is the ongoing EHRM rollout. The transition to the new system requires intensive user training prior to the system go-live. While this training is essential for ensuring provider readiness, it represents a substantial time commitment—a minimum of 15-25 hours depending on discipline.
Following system implementation, users bear ongoing responsibilities including troubleshooting, issue reporting, and maintaining patient safety oversight. These additional duties persist beyond go-live, further increasing workloads and diverting staff from direct patient care.

The compounded effect of mandatory EHRM training, reduction in clinic hours during the ramp down and ramp up phases, and the absence of supplemental staffing support (previously available during initial rollouts) have significantly impacted Veteran access to care and will impact their care in future rollouts. Longer wait times for medical and mental health appointments are a direct result, and many sites report issues with the training environment itself, including frequent unavailability or non-functional domains.

Patient Safety: Across all go-live sites, patient safety event reporting peaks at three times the baseline and remains elevated up to 1.7 times the baseline through 24 months, with no return to the pre-Oracle-Cerner baseline. Michigan and Southern Ohio's first two weeks showed a rapid rise in patient safety reporting. This is similarly occurring with the Indiana market go-live.

Nursing services report more patient safety events/concerns than any other discipline. The highest percentages of reports are related to medication events, order entries, and order processing. Teams work diligently through reports daily and enter tickets to ensure communication and resolution of issues. Report and ticket entry are also time-consuming. Some issues are long-term concerns yet to be resolved. There are potential serious consequences to Veteran care if they continue to go unresolved.

NOVA urges the Committee to ensure future EHRM deployments are guided by frontline clinical experience, adequate staffing support, practical training, and clear national workflow standards so that modernization improves care delivery without compromising Veteran access or patient safety.

Thank you again for inviting NOVA to provide our perspective on this important topic.